

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DT</i>		2-15-99
O.I.P. CLASSIFIER	<i>[Signature]</i>	8	7-20-99
FORMALITY REVIEW	<i>[Signature]</i>	660080	8-11-99

INDEX OF CLAIMS

- | | |
|------------------------------|----------------|
| • Rejected | N Non-elected |
| • Allowed | I Interference |
| • (Through numeral) Canceled | A Appeal |
| • Restricted | O Objected |

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If more than 150 claims or 10 actions
 staple additional sheet here

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